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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K - 4104	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Midwest Oil Corporation		New Mexico "K" State
3. Address of Operator		9. Well No.
1500 Wilco Bldg., Midland, Texas 79701		#1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER 0 , 660 FEET FROM THE South LINE AND 1980 FEET FROM		Indesignated
THE East LINE, SECTION 2 TOWNSHIP 10-S RANGE 33-E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
EST 4220 GL		Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-4-67: Spud

9-5-67: Ran 8 jts. 11 3/4", 31.2#, csg. set @ 334' w/320 sax Class "A" 2% cc. Circ. approx. 50 sax. WOC 18 hrs. tested @ 1000# for 30 min., TSTD O.K.

9-9-67: Ran 126 jts. 8 5/8", 24 & 32#, csg. set @ 4016' w/450 sax Class "C". WOC 18 hrs. TSTD @ 1000# for 30 min., TSTD O.K.

9-30-67: Ran 293 jts. 5 1/2", 15.5 & 17#, csg. set @ 9689'. Cmdt w/250 sax TLW w/5# Gilsonite/sax, followed w/1410 sax TLW & 250 sax Incor w/5# salt/sax. Ran temp. survey, top cement 5480'. WOC 24 hrs. Tested @ 1500# PSI for 30 min., TSTD OK,

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Carolyn Turner TITLE Production Clerk DATE 10-18-67

APPROVED BY Leslie H. Clement TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: